MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-044949 STATE FILE NUMBER

Registration District No. 225 Primary Registration District No. 3053 Registrar's No. 244

FILED NOV 21 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0817
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY Phelps
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rolla
Length of stay in 1b: 6days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION McFarland Nursing Home
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Crawford
c. CITY OR TOWN Leasburg
Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location) Route #1
Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First Sarah Middle Louise Last West

4. DATE OF DEATH: Month Nov. Day 14 Year 1963

5. SEX: Female

6. COLOR OR RACE: White

7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]

8. DATE OF BIRTH: Feb 27 1882

9. AGE (last birthday): 81
IF UNDER 1 YEAR: Months 8 Days 27
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (City and state or country): Hickman Kentucky

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Basil Kemp

13b. MOTHER'S MAIDEN NAME: Mahulda Williams

14. NAME OF HUSBAND OR WIFE: Ira West

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of servi Nil

16. SOCIAL SECURITY NO.

17. INFORMANT Address: Ira West Leasburg Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Hemorrhage
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Nov 9 63 to Nov 14 63 and last saw her/him alive on Nov 13 63
Death occurred at A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) M D

22b. ADDRESS Rolla Mo

22c. DATE SIGNED 11/16/63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Nov 18 1963

23c. NAME OF CEMETERY OR CREMATORY Crossroads

23d. LOCATION (City, town, or county) Leasburg (State) Mo.

24. FUNERAL DIRECTOR ADDRESS Hoerner Funeral Home Cuba, Mo.

25. DATE RECD. BY LOCAL REG. Nov. 16, 1963

26. REGISTRAR'S SIGNATURE Nadine L Stoll

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Norman A Greene

Licensed Embalmer No. 4673

P. O. Address Cuba, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.